

## Payment Documents and Decisions

Civil Action Number: 2:17-01146

Claimant: Trish Ann Fontana

Account Number: 197-56-3849

### Exhibits

<b>Exhibit No.</b>	<b>Description</b>	<b>Page No.</b>	<b>No. of Pages</b>
1A	Disability Determination Explanation - Title II - Physical RFC Paul Fox, MD, dated 07/09/2013	61-70	10
2A	Disability Determination Transmittal - Title II - PTTYPE - 7160/7240, dated 07/09/2013	71	1

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DATE: April 18, 2018

The documents and exhibits contained in this administrative record are the best copies obtainable.

**Disability Determination Explanation****EXHIBIT NO. 1A****PAGE: 1 OF 10****CLAIMANT INFORMATION**

This Disability Determination Explanation is for the *DIB* claim at the *Initial* level.

**CLAIMANT INFORMATION**

**Name:** Trish Ann Fontana

**SSN:** 197-56-3849

**Phone Number:** 412-882-0719

**Secondary Phone Number:** 412-770-4440

**Address:**

<b>Mailing</b>	<b>Residence</b>
3130 GLENDALE AVE PITTSBURGH, PA 15227	3130 GLENDALE AVE PITTSBURGH, PA 15227

**Claimant Gender:** F

**Self Reported Height:** 63 inches

**Self Reported Weight:** 154.0 lbs

**Special Indications:** None.

**RELEVANT DATES****Below table represents the Relevant Dates**

<b>Date of Birth</b>	<b>Current Age</b>	<b>AOD</b>	<b>Age at AOD</b>	<b>DFI</b>	<b>DLI</b>	<b>Age at DLI</b>
06/02/1967	46 years 1 month (Younger person)	06/06/2011	44 years (Younger person)	04/01/2006	03/31/2015	

**Does the individual have an attorney/appointed representative?** No

**ALLEGATIONS OF IMPAIRMENTS**

**The individual filed for Initial claim for disability on 03/20/2013 due to the following illnesses, injuries, or conditions:**

Ruptured disc, herniated disc lower back  
Herniated cervical disc  
Sciatica  
Numbness in legs

**The individual alleges inability to function and/or work as of**  
06/06/2011

**TECHNICAL ISSUES**

Is the individual working?

No

### Prior Electronic Filings

There are no prior electronic filings.

**Alleged Onset Date:**

06/06/2011

**Has the individual performed work after the Alleged Onset Date(AOD)?**

No

**Has any period(s) of work been determined to be an Unsuccessful Work Attempt, Subsidized/Sheltered Work or involved Impairment-Related Work Expenses, or other technical issue?**

No

## EVIDENCE OF RECORD

The following initial evidence has been received

<b>Source of Evidence</b>	AMCE PHYSICIANS GROUP
<b>EF Received</b>	06/19/2013
<b>Opinion</b>	Yes
<b>Evidence Type</b>	CE Rprt
<b>Level</b>	IN
<b>Opinion</b>	1 of 1
<b>Opinion Source Name</b>	AMCE PHYSICIANS GROUP
<b>Opinion Date</b>	06/11/2013
<b>Is the Opinion from an Acceptable Medical Source</b>	Yes
<b>Type of Source Relationship</b>	Non-Treating Source
<b>Type of Opinion</b>	Other Opinion

### Record Source Statement

168 completed as limited light

<b>Source of Evidence</b>	AMCE PHYSICIANS GROUP
<b>EF Received</b>	06/12/2013
<b>Opinion</b>	No
<b>Evidence Type</b>	CE Rprt
<b>Level</b>	IN

<b>Source of Evidence</b>	Claimant
<b>EF Received</b>	06/03/2013
<b>Opinion</b>	No

<b>Evidence Type</b>	3373-Funct Rprt-Adult
<b>Level</b>	IN

<b>Source of Evidence</b>	JRMC DIAGNOSTICS
<b>EF Received</b>	06/03/2013
<b>Opinion</b>	No
<b>Evidence Type</b>	MER
<b>Level</b>	IN

<b>Source of Evidence</b>	RICHMAN, JORY
<b>EF Received</b>	05/29/2013
<b>Opinion</b>	No
<b>Evidence Type</b>	MER
<b>Level</b>	IN

<b>Source of Evidence</b>	WEIDNER, GREGG G
<b>EF Received</b>	05/27/2013
<b>Opinion</b>	No
<b>Evidence Type</b>	MER
<b>Level</b>	IN

<b>Source of Evidence</b>	MANCE, DAVID J
<b>EF Received</b>	05/21/2013
<b>Opinion</b>	No
<b>Evidence Type</b>	MER
<b>Level</b>	IN

<b>Source of Evidence</b>	UPMC MERCY
<b>EF Received</b>	05/18/2013
<b>Opinion</b>	No
<b>Evidence Type</b>	MER
<b>Level</b>	IN

<b>Source of Evidence</b>	UPMC SOUTH SIDE HOSPITAL
<b>EF Received</b>	05/18/2013
<b>Opinion</b>	No
<b>Evidence Type</b>	MER
<b>Level</b>	IN

Source of Evidence	WEIDNER, GREGG	Case 2:17-cv-01146-DWA Document 12-3 Filed 06/01/18 Page 5 of 12	EXHIBIT NO. 1A
EF Received	05/13/2013		PAGE: 4 OF 10
Opinion	No		
Evidence Type	MER		
Level	IN		

Source of Evidence	JRMC DIAGNOSTICS
EF Received	05/13/2013
Opinion	No
Evidence Type	MER
Level	IN

Source of Evidence	Jefferson Regional Med Ctr
EF Received	05/08/2013
Opinion	No
Evidence Type	MER
Level	IN

Source of Evidence	Claimant
EF Received	05/03/2013
Opinion	No
Evidence Type	3369-Work Hx
Level	IN

Source of Evidence	Unknown Name
EF Received	04/18/2013
Opinion	No
Evidence Type	3369-Work Hx
Level	IN

### CLAIM COMMUNICATIONS

No Claim Communications have been created.

### CONSULTATIVE EXAMINATION(S) (CE)

Is a CE(s) required?

Yes

Select the reason(s) for which a CE(s) is required:

The evidence as a whole, both medical and non-medical, is not sufficient to support a decision on the claim.

Was the treating source(s) contacted to perform the CE(s)?

No

Indicate which of the following apply:

The treating source prefers not to perform/does not have the equipment

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Were all of the CE(s) kept?

Yes

## FINDINGS OF FACT AND ANALYSIS OF EVIDENCE

### Analysis

The claimant injured her left achilles tendion in 2010 and had surgery but with no improvement. She had an acute onset of sciatica in 2011 and it was found she had a ruptured lumbar disc and had surgery in 2011. She also has two herniated disc in her cervical spine. She is able to drive. She bathes and dresses herself, does food preparation, and light housework. She also takes care of her dog. Int CE 6/2013 shows she can arise from a chair and get on an off table. She could only do heel toe walk for a few steps and was quite unsteady while doing this. She could not bend or squat. Balance was intact and so was gait. She has good strength in all extremities with the exception of her left ankle, which was 3/5. She had diminished ROM in cervical and lumbar spine. Left ankle ROM was decreased in all directions and she wore a brace on it. ROM was otherwise unremarkable.

### 416 – CASE ANALYSES

No 416-Case Analyses have been created.

## MEDICALLY DETERMINABLE IMPAIRMENTS AND SEVERITY (MDI)

### ADULT MEDICALLY DETERMINABLE IMPAIRMENTS (MDI)

Does the individual have one or more medically determinable impairments?

Yes

#### IMPAIRMENT DIAGNOSIS

7160 – Dysfunction – Major Joints

7240 – Spine Disorders

#### PRIORITY

Primary

Secondary

#### SEVERITY

Severe

Severe

### ADULT LISTINGS CONSIDERED

<u>Listing</u>	<u>Description</u>	<u>Subsection</u>
1.02	Dysfunction – Major Joints	
1.04	Spine Disorders	

### ADULT MEDICAL DISPOSITION

RFC Assessment Necessary (Physical and/or Mental)

## ASSESSMENT OF POLICY ISSUES

### SYMPTOMS AND CREDIBILITY

Can one or more of the individual's medically determinable impairment(s) (MDI(s)) reasonably be expected to produce the individual's pain or other symptoms?

Yes

Are the individual's statements about the intensity, persistence, and functionally limiting effects of the symptoms substantiated by the objective medical evidence alone?

No

**When considering the following factors, which were the most informative in assessing the credibility of the individual's statements?**

ADLs  
Medication Treatment  
Treatment other than medication

**What is your assessment of the credibility of the individual's statements regarding symptoms considering the total medical and non-medical evidence in file?**

Partially Credible  
**Credibility assessment:**  
see assessment

#### **WEIGHING OF OPINION EVIDENCE**

The following displays medical opinions from non-treating or non-examining sources; it also contains 'other' opinions from treating, non-treating, non-examining or other sources:

Source of Evidence	Opinion Source Name	Level	Opinion Date	Weight
AMCE PHYSICIANS GROUP	AMCE PHYSICIANS GROUP	Initial	06/11/2013	Other

**Explain how you weighed the opinion(s) above:**  
see assessment

### **RESIDUAL FUNCTIONAL CAPACITY**

#### **PHYSICAL RESIDUAL FUNCTIONAL CAPACITY ASSESSMENT**

##### **RFC1**

**Indicate whether this Physical Residual Functional Capacity (RFC) assessment is for:**  
Current Evaluation

**Does the individual have exertional limitations?**  
Yes

##### **Rate the individual's exertional limitations:**

**Occasionally (occasionally is cumulatively 1/3 or less of an 8 hour day) lift and/or carry (including upward pulling):**  
20 pounds

**Frequently (frequently is cumulatively more than 1/3 up to 2/3 of an 8 hour day) lift and/or carry (including upward pulling):**  
10 pounds

**Stand and/or walk (with normal breaks) for a total of:**  
3 hours

**Sit (with normal breaks) for a total of:**  
About 6 hours in an 8-hour workday

**Push and/or pull (including operation of hand and/or foot controls):**  
Unlimited, other than shown, for lift and/or carry

**Does the individual have postural limitations?**

Yes

**Rate the individual's postural limitations:**

**Climbing Ramps/stairs:** Occasionally

**Climbing Ladders/ropes/scaffolds:** Occasionally

**Balancing:** Occasionally

**Stooping (i.e., bending at the waist):** Occasionally

**Kneeling:** Occasionally

**Crouching (i.e., bending at the knees):** Occasionally

**Crawling:** Occasionally

**Does the individual have manipulative limitations?**

No

**Does the individual have visual limitations?**

No

**Does the individual have communicative limitations?**

No

**Does the individual have environmental limitations?**

Yes

**Rate the individual's environmental limitations:**

**Extreme cold:** Avoid concentrated exposure

**Extreme heat:** Unlimited

**Wetness:** Unlimited

**Humidity:** Avoid concentrated exposure

**Noise:** Unlimited

**Vibration:** Avoid concentrated exposure

**Fumes, odors, dusts, gases, poor ventilation, etc.:** Unlimited

**Hazards (machinery, heights, etc.):** Avoid concentrated exposure



The claimant has described daily activities that are significantly limited; however, she participates in daily activities such as caring for personal needs and performing routine household activities, describes the ability to care for a minor child in the home, and is able to drive a car. There is evidence that the claimant stopped working for reasons unrelated to the alleged impairments. She has been treated by specialists for her left ankle injury and degenerative disc disease, which has resulted in at least partial symptomatic improvement. Treatment of the claimant's other impairments has been routine and conservative, and generally successful.

Based on the evidence of record, the claimant's statements are found to be partially credible.

The opinions stated within the report dated 6/11/13 authored by Robert Hoffman, M.D., a non-treating source, have been considered. The source states that the claimant is limited in lifting, carrying, standing, walking, and in postural activities. These observations are fairly consistent with the other evidence in file. Accordingly, the above-referenced opinions are given appropriate weight.

This RFC assessment partially reflects the source's assessment.

These findings complete the medical portion of the disability determination.

**MC/PC or SDM Signature**

Paul Fox, M.D. 12 07/05/2013

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**ASSESSMENT OF POLICY ISSUES – CONTINUED**

**RECONCILING OF SOURCE OPINION**

**Are there medical source and/or other source opinions about the individual's limitations or restrictions which are more restrictive than your findings?**

No

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**ASSESSMENT OF VOCATIONAL FACTORS**

**ASSESSMENT OF THE INDIVIDUAL'S ABILITY TO PERFORM PAST RELEVANT WORK**

A finding about the capacity for PRW has not been made. However, this information is not material because all potentially applicable Medical-Vocational Guidelines would direct a finding of "not disabled" given the individual's age, education, and RFC. Therefore, the individual can adjust to other work.

**Past Relevant Work:**

Past Relevant Work is expeditied.

**Additional Past Work Titles:**

<b>Job Title:</b>	loader-on call
<b>Start Date:</b>	09/07
<b>End Date:</b>	01/2010

<b>Job Title:</b>	nurse's aid
<b>Start Date:</b>	2001
<b>End Date:</b>	2003

Job Title: title searcher

Start Date: 2001

End Date: 2006

Job Title: self employment

Start Date: 2001

End Date: 2003

**APPLICATION OF MEDICAL - VOCATIONAL RULES: Other Work****Past Relevant Work is expedited.****Is the individual limited to unskilled work because of the impairments?**

No

**Based on the seven strength factors of the physical RFC (lifting /carrying, standing, walking, sitting, pushing, and pulling), the individual demonstrates the maximum sustained work capability for the following:**

SEDENTARY

**Indicate the rule used to direct a determination or as a framework (20 CFR Pt. 404, Subpt. P, App. 2).**

201.18 - Young 45-49 Lim Ed Literate Eng Unskilled-None

**Select one of the following:**

Rule Used as a Framework

**Cite three occupations in which there are a significant number of jobs that exist in the national economy OR Select the appropriate Social Security Ruling (SSR):**

83-12: Exertional limitations within /between ranges of work

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**DETERMINATION****Based on the documented findings, select the determination:****Not Disabled****Is there medical evidence of DAA?**

There is no evidence of any substance abuse disorder /DAA issue

**DIB Claim/221500856****Indicate which of the following Acquiescence Rulings are applicable**

None of the ARs considered apply to this claim

**REGULATION BASIS CODE****Regulation Basis Code:**

J1-20CFR404.1520(g)-DIB CLAIM

**PERSONALIZED DECISION NOTICE (PDN)**

PDN Text:

see PN in EF

EXHIBIT NO. 1A

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## **SIGNATURES**

### **ADULT MC/PC or SDM Signature**

Paul Fox, M.D. 12 07/05/2013

### **Disability Adjudicator/Examiner Signature:**

Christine Garbowsky 07/09/2013

eCAT version: 7.4.55

CXQ



BBZZC1

SOCIAL SECURITY ADMINISTRATION

## DISABILITY DETERMINATION AND TRANSMITTAL

1. DESTINATION DDS <input checked="" type="checkbox"/> ODO <input type="checkbox"/> DRS <input type="checkbox"/> DQB <input type="checkbox"/> INTPSC <input type="checkbox"/>		2. DDS CODE <b>S67</b>	3. FILING DATE <b>03/20/13</b>	4. SSN <b>197-56-3849</b>	BIC (if CDB or DWB claim)
5. NAME AND ADDRESS OF CLAIMANT (include ZIP code) <b>TRISH ANN FONTANA 3130 GLENDALE AVENUE PITTSBURGH PA 15227 (412) 882-0719</b>			6. WE'S NAME (if CDB or DWB claim)		
			7. TYPE CLAIM (Title II) DIB <input checked="" type="checkbox"/> FZ <input type="checkbox"/> DWB <input type="checkbox"/> CDB-R <input type="checkbox"/> CDB-D <input type="checkbox"/> RD-R <input type="checkbox"/> RD-D <input type="checkbox"/> RD <input type="checkbox"/> P-R <input type="checkbox"/> P-D <input type="checkbox"/> MQFE <input type="checkbox"/>		
9. DATE OF BIRTH <b>06/02/67</b>	10. PRIOR ACTION PD <input type="checkbox"/> PT <input type="checkbox"/>		8. TYPE CLAIM (Title XVI) DI <input type="checkbox"/> DS <input type="checkbox"/> DC <input type="checkbox"/> BI <input type="checkbox"/> BS <input type="checkbox"/> BC <input type="checkbox"/>		
12. DISTRICT-BRANCH OFFICE ADDRESS (include ZIP code) <b>650 Washington Rd Suite 120 Pittsburgh PA 15228 (888) 717-1525</b>		DO-BO CODE <b>A34</b>	11. REMARKS <b>RECEIPTED 04/19/13 AOD 06/06/11</b>		
13. DO-BO REPRESENTATIVE		14. DATE	11A. PRESUMPTIVE <input type="checkbox"/> DISABILITY <input type="checkbox"/> 11B. <input type="checkbox"/> IMPAIRMENT <input type="checkbox"/>		

## DETERMINATION PURSUANT TO THE SOCIAL SECURITY ACT, AS AMENDED

15. CLAIMANT DISABLED A. <input type="checkbox"/> Disability Began B. <input type="checkbox"/> Disability Ceased		16A. PRIMARY DIAGNOSIS <b>Arthropathies - Other and Unspecified</b>		BODY SYS <b>01</b>	CODE NO <b>7160</b>	16B. SECONDARY DIAGNOSIS <b>Disorders of Back (Discogenic and Degenerative)</b>	CODE NO <b>7240</b>
17. DIARY TYPE MO./YR. REASON							
18. CASE OF BLINDNESS AS DEFINED IN SEC. 1614(a)(2)(216)(I) A. <input type="checkbox"/> Not Disab. for Cash Bene. Purp. B. <input type="checkbox"/> Disab. for Cash Benefit Purp. Beg.				19. CLAIMANT NOT DISABLED A. <input checked="" type="checkbox"/> Through Date of Current Determination B. <input type="checkbox"/> Through C. <input type="checkbox"/> Before Age 22 (CDB only)			
20. VOCATIONAL BACKGROUND		OCC. YRS.	ED. YRS.	21. VR ACTION	SC IN	SC OUT	Prev Ref
			<b>10</b>		A. <input type="checkbox"/> B. <input type="checkbox"/> C. <input type="checkbox"/>		
22. REG-BASIS CODE <b>J1-</b>	23. MED LIST NO.	24. MOB CODE	25. REVISED DET <input type="checkbox"/>	25A. Initial <input checked="" type="checkbox"/> Recon <input type="checkbox"/> Recon DHU <input type="checkbox"/> ALJ Hearing <input type="checkbox"/> Appeals Council <input type="checkbox"/> U.S. District Court <input type="checkbox"/>			
26. LIST NO 	A.	B.	C.	D. <b>363</b>	E.	F.	
27. RATIONALE <input type="checkbox"/> See Attached SSA-4268-U4/C4. <input type="checkbox"/> Check if Vocational Rule Met. Cite Rule 							

28. A. <input type="checkbox"/> Period of Disability B. <input type="checkbox"/> Disability Period C. <input type="checkbox"/> Etab. Beg. D. <input type="checkbox"/> Continues E. <input type="checkbox"/> Term					
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29. LTRPAR NO. <b>DDS/DL PN</b>	30. DISABILITY EXAMINER-DDS <b>Christine Garbowsky</b>	31. DATE <b>07/09/13</b>	32. PHYSICIAN OR MEDICAL SPEC. SIGNATURE <b>SEE DDE DATED 7/9/13</b>	33. DATE
32A. PHYSICIAN OR MEDICAL SPEC. NAME (Stamp, Print or Type) <b>Paul C Fox MD</b>				32B. SPEC. CODE <b>12</b>
34. REMARKS <b>DMA CLAIM Disability Redesign Prototype Case</b>				MULTIPLE IMPAIRMENTS CONSIDERED
				34A. COMBINED MULTIPLE NONSEVERE-SEVERE
				34B. COMBINED MULTIPLE NONSEVERE-NONSEVERE
35. BASIS CODE	36. REV. DET. CODES	37. REPRESENTATIVE	SSA CODES	38. DATE

